

## Formula TWO: Mechanism of Action [Multiple Mode of Action] Claims:

1. Decrease cravings, Eat for FUEL
  - Act on the gut-brain axis by regulating the mediators of appetite
  - Regulates serum levels of the appetite hormone ghrelin
  - Maintains the release of satiety hormone, leptin, from adipocyte
  - Reduction in the secretion of neuropeptide and appetite neuromediator Y (NPY)
2. Works at the adipocyte (fat storage) level
  - Mimics the phenotype change from white to beige that occurs in adipose cells
  - Stored energy to metabolism-driven cells
  - Prevents further storage of fat within adipose tissue
3. Increases resting energy expenditure [energy used by the body]
  - Enhances physiological lipolysis, boosting the release of Free Fatty Acids (FFAs)
  - Inhibition of PDE-3, leading to higher levels of cAMP
  - Increases the breakdown of triglycerides and release of FFAs
4. Burns Fat, continue to lose fat [100% weight loss from fat mass]
  - Intensifies FFA metabolism through UCPs expression promotion
  - Increases cAMP [Cyclic adenosine monophosphate]
  - Promotes higher expression of uncoupling proteins in beige adipose tissue
  - Releases FFA instead of restored as adipocytes (fat)

## Efficacy Claims:

- 100% weight loss from fat mass
- Abdominal fat and waist circumference decrease significantly [6% reduction in fat mass ratio, 5cm waist circumference reduction (2 inches)]
- Rebalanced body composition to have more muscle mass and less fat mass.
- Daily caloric intake drops by 600kcal
- Reduced appetite for sweet foods

- Increases metabolic rate [energy burned at rest]
- 65% of total fat loss is from the trunk area
- Continue to lose weight and reduce body fat mass after 20 weeks of supplementation

## Clinical/Mechanistic Studies:

1. Jung EY, Lee JW, Hong YH, Chang UJ, Suh HJ. Low Dose Yeast Hydrolysate in Treatment of Obesity and Weight Loss. *Prev Nutr Food Sci*. 2017;22(1):45-49. doi:10.3746/pnf.2017.22.1.45
2. Jung EY, Cho MK, Hong YH, et al. Yeast hydrolysate can reduce body weight and abdominal fat accumulation in obese adults. *Nutrition*. 2014;30(1):25-32. doi:10.1016/j.nut.2013.02.009
3. Jung EY, Lee JW, Hong YH, Chang UJ, Suh HJ. Low Dose Yeast Hydrolysate in Treatment of Obesity and Weight Loss. *Prev Nutr Food Sci*. 2017;22(1):45-49. doi:10.3746/pnf.2017.22.1.45
4. Park Y, Kim JH, Lee HS, et al. Thermal stability of yeast hydrolysate as a novel anti-obesity material. *Food Chem*. 2013;136(2):316-321. doi:10.1016/j.foodchem.2012.08.047
5. Jung EY, Hong YH, Kim JH, et al. Effects of yeast hydrolysate on hepatic lipid metabolism in high-fat-diet-induced obese mice: yeast hydrolysate suppresses body fat accumulation by attenuating fatty acid synthesis. *Ann Nutr Metab*. 2012;61(2):89-94. doi:10.1159/000338441
6. [https://www.researchgate.net/publication/316073223\\_Low\\_Dose\\_Yeast\\_Hydrolysate\\_in\\_Treatment\\_of\\_Obesity\\_and\\_Weight\\_Loss](https://www.researchgate.net/publication/316073223_Low_Dose_Yeast_Hydrolysate_in_Treatment_of_Obesity_and_Weight_Loss)
7. Dallas C, Gerbi A, Tenca G, Juchaux F, Bernard FX. Lipolytic effect of a polyphenolic citrus dry extract of red orange, grapefruit, orange (SINETROL) in human body fat adipocytes. Mechanism of action by inhibition of cAMP-phosphodiesterase (PDE). *Phytomedicine*. 2008;15(10):783-792. doi:10.1016/j.phymed.2008.05.006
8. Dallas C, Gerbi A, Elbez Y, Caillard P, Zamaria N, Cloarec M. Clinical study to assess the efficacy and safety of a citrus polyphenolic extract of red orange, grapefruit, and orange (Sinetrol-XPur) on weight management and metabolic

parameters in healthy overweight individuals. *Phytother Res.* 2014;28(2):212-218. doi:10.1002/ptr.4981

9. Cases J, Romain C, Dallas C, Gerbi A, Rouanet JM. A 12-week randomized double-blind parallel pilot trial of Sinetrol XPur on body weight, abdominal fat, waist circumference, and muscle metabolism in overweight men. *Int J Food Sci Nutr.* 2015;66(4):471-477. doi:10.3109/09637486.2015.1042847
10. Berry SE, Valdes AM, Drew DA, et al. Human postprandial responses to food and potential for precision nutrition [published correction appears in *Nat Med.* 2020 Nov;26(11):1802]. *Nat Med.* 2020;26(6):964-973. doi:10.1038/s41591-020-0934-0
11. Kim MS, Yang HJ, Kim SH, Lee HW, Lee MS. Effects of Kimchi on human health: A protocol of systematic review of controlled clinical trials. *Medicine (Baltimore).* 2018;97(13):e0163. doi:10.1097/MD.00000000000010163
12. [Correction: Nutrikinetics and urinary excretion of phenolic compounds after a 16-week supplementation with a flavanone-rich ingredient - Food & Function \(RSC Publishing\)](#)

## Appendix:

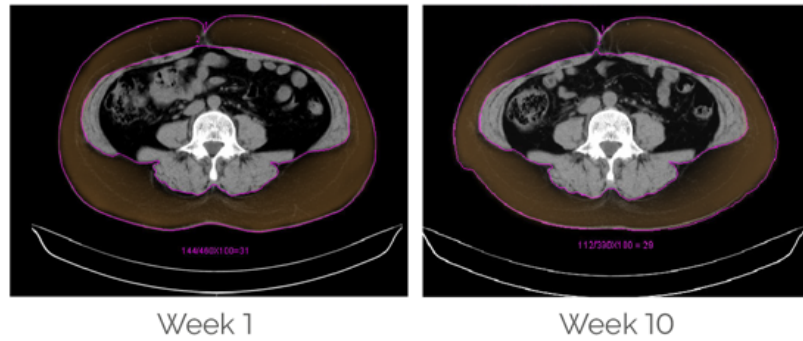
|             |                                                                                                                                          |                                                                                                                                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| POPULATIONS | <b>54 subjects</b><br>Men and women<br>BMI> 25 kg/m <sup>2</sup><br>Age: 20-50 years old                                                 | <b>30 subjects</b><br>Women<br>BMI> 25 kg/m <sup>2</sup><br>Age: 20-60 years old                                                         |
| PROTOCOLS   | <b>Abdominal fat distribution</b><br>Computed tomography<br><br>No specific exercise and diet patterns<br>Food record ( <i>Can-Pro</i> ) | <b>Body composition</b><br>Impedance bioelectrical scale<br><br>No specific exercise and diet patterns<br>Food record ( <i>Can-Pro</i> ) |
| INTAKES     | <b>SACHETS</b><br>2 x 500 mg/day                                                                                                         | <b>CAPSULES</b><br>2 x 250 mg/day                                                                                                        |

|                 |                                                                                                                                      |                                                                                                                             |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| YEAR & DURATION | <b>2017</b><br><b>20 weeks (16+4)</b>                                                                                                | <b>2019</b><br><b>12 weeks</b>                                                                                              |
| POPULATIONS     | <b>77 subjects</b><br>Caucasian population<br>BMI: 25-40 kg/m <sup>2</sup><br>Age: 29-52 years old                                   | <b>86 subjects</b><br>Asian population<br>BMI: 24-30 kg/m <sup>2</sup><br>Age: 25-62 years old                              |
| PROTOCOLS       | <b>Body composition</b><br>DXA scan<br><br>Recommended individualised<br><b>normo-caloric diet</b><br>( <i>Harris and Benedict</i> ) | <b>Body composition</b><br>DXA scan<br><br>Recommended<br><b>hypo-caloric diet</b><br>( <i>-500 kcal hypocaloric diet</i> ) |
| INTAKES         | <b>CAPSULES</b><br>2 x 450 mg/day                                                                                                    | <b>TABLETS</b><br>1 x 900 mg/day                                                                                            |

A.

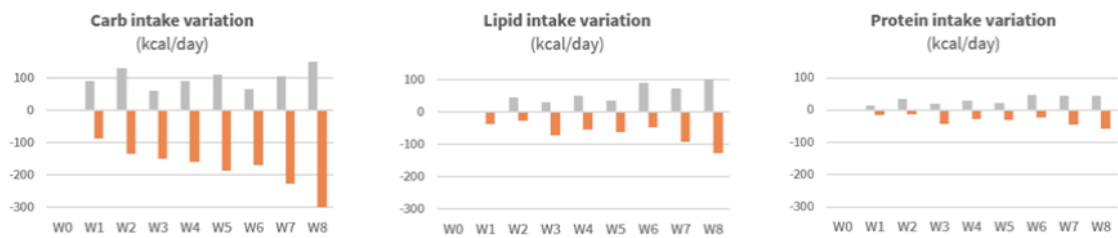
### Abdominal fat reduction

#### Abdominal fat reduction by computed tomography



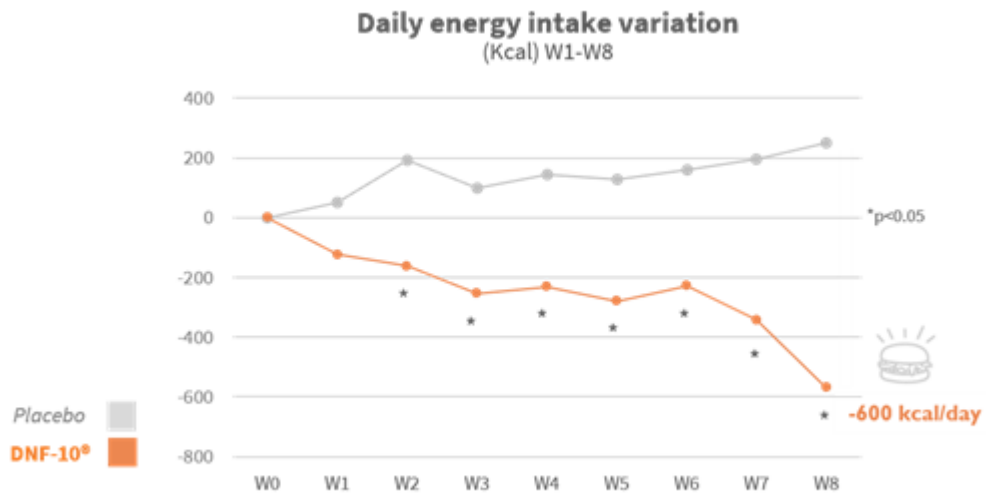
100% weight loss from fat mass, leading to a 6% reduction in the fat mass ratio.

B.

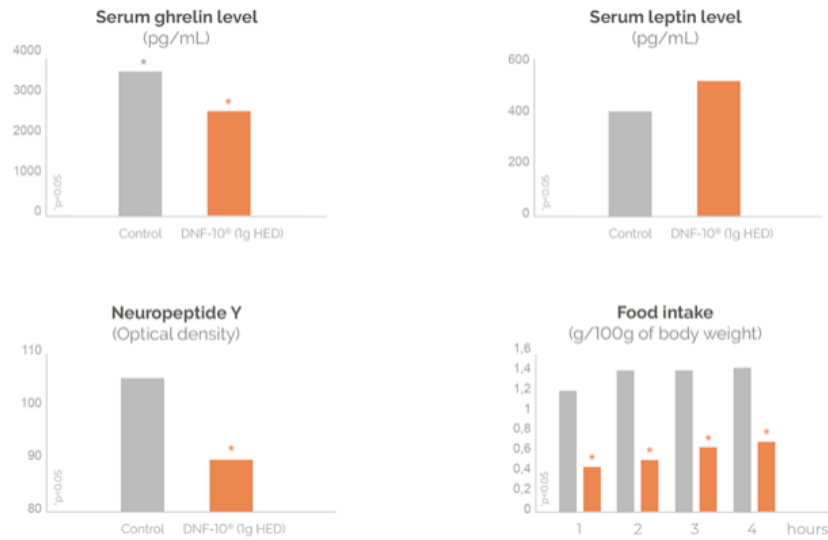


After 2 months, daily caloric intake drops by 600kcal.

Reduction of appetite for sweet foods.



C.



Lowers ghrelin secretion.

Lowers expression of NPY in the hypothalamus.